

Table 1. Regimen Options for Treatment of Latent TB Infection in HIV- Negative Persons

Drug	Regimens				Comments
	Daily		Twice Weekly [†]		
	Children	Adults	Children	Adults	
	Duration	Duration	Duration	Duration	
Isoniazid	9 months	9 months	9 months	9 months	Minimum of 270 doses administered within 12 months Twice-weekly regimens should consist of at least 76 doses administered within 12 months. Recommended regimen for pregnant women Contraindicated for persons who have active hepatitis and end-stage liver disease
Isoniazid	_____	6 months	_____	6 months	Minimum of 180 doses administered within 9 months Twice-weekly regimens should consist of at least 52 doses within 9 months. Recommended regimen for pregnant women 6-month regimen not recommended for those with fibrotic lesions on chest radiographs or children Contraindicated for persons who have active hepatitis and end-stage liver disease
Rifampin <i>and</i> Pyrazinamide	Not recommended	2 months	Not recommended	2 or 3 months	Minimum of 60 doses to be administered within 3 months Twice-weekly regimens should consist of at least 16 doses to be administered for 2 months or 24 doses to be administered for 3 months. May be used for isoniazid-intolerant patients Avoid PZA for pregnant women because of the risk of adverse effects to the fetus. This regimen has not been evaluated in HIV- negative persons. Contraindicated for persons who have active hepatitis and end-stage liver disease
Rifampin	4 months	4 months	Not recommended		Minimum of 120 doses administered within 6 months For persons who are contacts of patients with INH-resistant, RIF-susceptible TB May be used for patients who cannot tolerate INH or PZA

INH - isoniazid, RIF- rifampin, RFB - rifabutin, PZA - pyrazinamide, EMB - ethambutol

[†] Directly observed treatment of LTBI should be used.